

A9000001676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

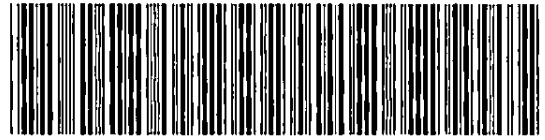
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300327111423

2019

FILING

19 APR -4 PM 1:31

4/5/19 DS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 709554 8099400
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 70.00

ORDER DATE : 4/3/19
ORDER TIME : 10:18 AM
ORDER NO. : 709554-005
CUSTOMER NO: 8099400

FOREIGN FILINGS

NAME:

PRO TPI INC.

QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

LL CERTIFIED COPY
LL PLAIN STAMPED COPY
LL CERTIFICATE OF GOOD STANDING

CONTACT PERSON: LYDIA COHEN EXT 62974

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRO TPI INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JAMES MILNER

Name of Person

PRO INSPECTION LTD.

Firm/Company

STE 205 - 3132 PARSONS RD NW

Address

EDMONTON, ALBERTA T6N 1L6 CANADA

City/State and Zip code

PAYMENTS@PROINSPECTIONLTD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES MILNER

at (780)

469-0853 EXT 126

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. PRO TPI INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 32-0508918
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MAY 24, 2016 5. N/A
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. STE 910 - 11111 KATY FWY, HOUSTON, TX 77079 USA
(Principal office address)

STE 205 - 3132 PARSONS ROAD NW, EDMONTON, AB T6N 1L6 CANADA
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

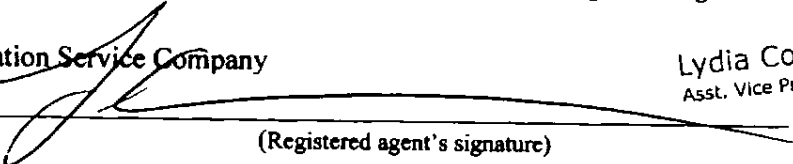
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company
By: 
(Registered agent's signature)

Lydia Cohen
Asst. Vice President

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

WILLIAM (BARRY) STEFFEN

Chairman: _____

Address: 3407 WATSON PLACE SW _____

EDMONTON, AB T6W 0P3 CANADA _____

MARY (BETH) STEFFEN

Vice Chairman: _____

Address: 3407 WATSON PLACE SW _____

EDMONTON, AB T6W 0P3 CANADA _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

JAMES MILNER

President: _____

Address: 1918 CHAPMAN ROAD SW _____

EDMONTON, AB T6W 0Y7 CANADA _____

Vice President: _____

Address: _____

BRADLEY METCALFE

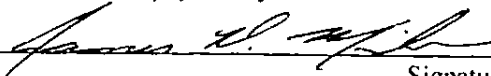
Secretary: _____

Address: 202 REUNION GARDEN NW, AIRDRIE, AB T4B 0M4 CANADA _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JAMES MILNER - PRESIDENT

13. _____

(Typed or printed name and capacity of person signing application)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRO TPI INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRO TPI INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



6050689 8300

SR# 20192528880

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202573917

Date: 04-03-19